

Understanding and Responding to the Needs of Children After Large-Scale Disasters

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**This material may be printed as
a reference guide to use during
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Questions?
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Thank You

Objectives

- **Discuss at least three reactions
children may have after a traumatic
event**
- **List at least two ways that CBRNE
events may increase concerns for
children and their caregivers**

Objectives

- **Describe the components of
Psychological First Aid important to
increasing resilience in children after
traumatic events**
- **Discuss a continuum of care model for
children from triage to evidence-based
interventions after traumatic events**

Why Learn About Disasters?

- **Current worry among adults and
children today**
- **Traumas touch children on a regular
basis**
- **Being prepared increases resilience
in face of crisis**

Traumas That Can Touch Our Lives

- Accidents
- Child Abuse and Neglect
- Community Violence
- Dog Bites
- Domestic Violence
- Hostage Situations
- Medical Illness
- Murder
- Natural Disasters
- Parent/Caregiver Death
- School Shootings
- Sexual Abuse and Rape
- Substance abuse
- Terrorism and other man-made disasters
- War

High-Risk Groups for Mental Health Concerns After Disasters

- Individuals with direct exposure
- Individuals who experienced loss
- Children
- Women with young children
- Individuals with disabilities
- Individuals with previous trauma history
- Individuals with psychiatric history

Why Worry About Mental Health After Disasters?

- Actual victims vs. “walking worried”
- Potential overload of emergency rooms and other services by indirect victims
- Survivors/victims likely to have significant mental health reactions
- Spill-over into school setting
- Impact on community’s mental health
- Impact on adherence to public health messages

Early Ideas About Trauma and Children

- Children’s reactions were mild
- Children’s reactions were transient
- No interventions were needed

Possible Trauma Reactions Among Children

- Worries and fears
- Changes in behavior
- Physiological responses
- Focus on event
- ***Remember:** A developmental focus needs to be taken when considering reactions to disaster*

Worries And Fears

- Increased worries and fears about safety of self and others
- Increased worries and fears about security
- Worries and fears about re-occurrence of the event
- Worries about on-going situation

Changes In Behavior

- Changes in school performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Increased hate talk/play

Physiological Responses

- Increased sensitivity to sound
- Increased startle response
- Increased somatic complaints
 - Headaches
 - Stomachaches
 - Fatigue
 - Vague aches and pains

Focus On Event

- Repeated questions about event
- Repeated discussion or story-telling about the event
- Increased interest in media coverage (TV, print, internet)
- Trauma reminders
- Loss reminders

Factors That Can Make A Difference

- Level of exposure
 - Media
- Separation from parents
- Age and level of understanding
- Gender
- Disruption of routine
- Parental adjustment
- Premorbid functioning
- Family functioning and stressors
- Social and community supports

Traumatic Loss/Grief

- Death due to an unpredictable and traumatic nature
- Difficulty with images related to the death
- Reactions may be same as with bereavement
- The traumatic nature of the death makes it difficult to grieve and move forward

What is Unique About WMD Events and Children?

- Children somatize in response to stress
 - Complicating assessment for parents, teachers and health care providers)
- Varying capacity to verbalize symptoms

What is Unique About WMD Events and Children?

- Children may be more vulnerable to injury and death depending on agent and harder to treat
 - Respiration, ground, surface/mass ratio, decontamination
- EMSC equipment, unaccompanied children with loss exposures

What is Unique About WMD Events and Children?

- More prone to Mass Psychological Reactions?
- Applicability of standard interventions?

Myths about Assessment

- Talking about the event can make matters worse
- Some children are too young to handle this
- If we just return to a routine that will be better
- We will KNOW which children need extra attention and help

How Does Trauma Impact Learning?

- **Decreased IQ and reading ability**
(Delaney-Black et al., 2003)
- **Lower grade-point average**
(Hurt et al., 2001)
- **More days of school absence**
(Hurt et al., 2001)
- **Decreased rates of high school graduation** (Grogger, 1997)

How Does Trauma Impact Learning?

- **Higher rates of expulsions and suspensions** (LAUSD Survey)
- Taking time in schools to help children adjust to disaster and aftermath is essential to promote academic achievement

Purpose of Assessment

- Identification of children in need of interventions
- Better triage to determine appropriate intensity of interventions
- Allow for follow-up to determine long-term recovery or problems

Purpose of Assessment

- Allow for more effective allocation of resources
- Allow for better communication with parents
- Guides future policy and planning activities

The PsySTART® Incident Management System

(Merritt Schreiber, PhD)

What is PsySTART (Psychological Simple Triage and Rapid Tx) ?

1. Framework of “disaster systems of care” (including MH, PH, ED, Primary Care, Schools, NGOs, Coroner, 1st responders)
2. Mental health evidence based triage tags

The PsySTART® Incident Management System

(Merritt Schreiber, PhD)

What is PsySTART (Psychological Simple Triage and Rapid Tx) ?

3. Matches high risk in near real time
4. Operational IMS model across NIMS levels
5. Resource typed tracking (staff, psych beds, cache, spec. pop)

The PsySTART® Incident Management System

(Merritt Schreiber, PhD)

What is PsySTART (Psychological Simple Triage and Rapid Tx) ?

6. All residing on an Information Technology (IT) backbone that allows rapid information management and geospatial import
7. Permits public health disaster principles to mental health

PsySTART® Operating Features

- Evidence based
- Common Operational Picture
- Serves “at risk” and special populations
- Tracks MUPS proxy by site/time
- Guides acute response triage and long term recovery

PsySTART® Operating Features

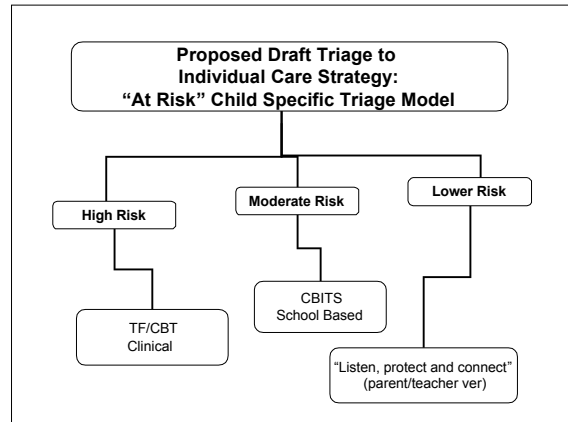
- “Common Operational Picture”
 - Near real time situational awareness
- Interoperable
 - Across NIMS levels and “Disaster Systems of Care”
 - Across ESF6/8, Catastrophic Incident Response Annex
- Tracking/behavioral epi capacity

PsySTART
 The first step
 to mental health

[illegible]

PsySTART® “Solution Focused” MH Rapid Triage Incident Management System

- Early identification
- The “Golden Month” idea!
- Near real time situational awareness with GIS view
- Systems of care real time linkage
- Interoperable, common data metric



Interventions

- A number of disaster mental health interventions are necessary and appropriate depending on the
 - Population being served
 - Phase of the disaster
 - Purpose of the intervention
- Immediate response: Psychological First Aid

What is Psychological First Aid?

- The practice of recognizing and responding to people who need help because they are feeling stress resulting from the disaster situations within which they find themselves

Psychological First Aid

- Emotional support
- Information and education
 - Answer frequently asked questions
 - Encourage practical & adaptive ways of coping
- Early recognition of core mental health problems & referral

Why is PFA Important?

- Knowing how to provide Psychological First Aid can help you to:
 - Create a compassionate environment for disaster survivors and workers
 - Assess what a person might need at a particular time
 - Provide immediate support to those in stressful situations
 - Help others cope in the face of stressful events

Psychological First Aid Actions

- Making a connection
- Helping people be safe
- Being kind, calm and compassionate
- Meeting people's basic needs
- Listening
- Giving realistic assurance
- Encouraging good coping
- Giving accurate and timely information
- Making a referral
- Ending the conversation
- Taking care of yourself

Models of Psychological First Aid

- American Red Cross
 - New course in Psychological First Aid for *ALL* volunteers

Models of Psychological First Aid

- Listen, Protect and Connect
 - Psychological First Aid Ideas for Families and Teachers
 - http://www.ready.gov/kids/_downloads/PFA_Parents.pdf (parent version)
 - http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf (teacher version)

Available at:

http://www.ready.gov/kids/_downloads/PFA_Parents.pdf

Listen

- Encourage children to share experiences and express feelings of fear or concern
- Be willing to listen and respond to verbal and nonverbal cues
- Give children extra reassurance, support and encouragement
- Determine the exposure to the loss
 - This may help determine need for more intensive mental health services

Protect

- Validate the child's life experience
- Maintain structure, stability and predictability
 - Having predictable routines, clear expectations, consistent rules and immediate feedback
- Keep your ears open and eyes watchful for bullying or other negative behaviors

Protect

- Try to keep environment free of anything that could re-traumatize the child
- Monitor media exposure to the event

Connect

- Check in with children on a regular basis
- Encourage interaction, activities with friends and peers
- Work with school counselors and other mental health and health care professionals to assure that children are connected to services

Connect

- Work with parents on the importance of “connections”
- Listen for positive experiences the children have

Model Calm Behavior

- Maintain level emotions and reactions with children
 - Stay in the middle – no highs or lows – to help them achieve balance
- Be mindful of how others in their environment are behaving

Teach About Normal Symptoms and How to Cope

- Acknowledge the normal changes that can occur in people who grieve
 - Behavioral changes
 - Physical changes
 - Emotional changes
 - Cognitive changes
 - Changes in spiritual beliefs

Teach About Normal Symptoms and How to Cope

- Help children to problem solve:
 - How to go to school everyday
 - How to stay in school everyday
 - How to do well in school
- Be particularly mindful of adolescents after loss

Where to Find “Listen, Protect and Connect” On-Line

- www.cphd.ucla.edu
- http://www.ready.gov/kids/_downloads/PFA_Parents.pdf (parent version)
- http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf (teacher version)
- <http://www.ercm.org/index.cfm?event=resources#PFA> (US ED/ERCM site)

Common Elements of Intervention

- Directly address the incident
- Educate both child and family
- Correct inaccurate and maladaptive attributions
- Teach anxiety management
- Teach coping skills
- Provide parallel components for caregivers

Interventions

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - www.musc.edu
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
 - www.nctsn.org
- Healing After Trauma Skills (HATS)
 - www.nctsn.org

Interventions

- Listen, Protect and Connect (Model and Teach): Psychological First Aid for Parents (and Teachers)
 - www.ready.gov
- School crisis guidelines
 - www.cincinnatichildrens.org/school-crisis

What is Resilience?

- Definition: ability to recover from or adjust easily to misfortune or change
- Ability to “bounce back” from difficult experiences
- Resilience can be learned
- Resilience can be enhanced

Building Resilience

- Making connections
- Helping others
- Routine
- Take a break
- Healthy habits
- Setting small goals and moving toward them

Building Resilience

- Positive self-view
- Positive perspective
- Look for opportunities
- Life is change

**To the World, You May Be
Just One Person, but to
One Person You Just
May Be the World**